February 18, 2015

CERTIFIED MAIL 7012 3460 0002 4816 7629

Samuel Lopez
Sammy's Auto Dismantling
2246 Gasoline Alley Place
Arroyo Grande, CA 93420

Este es un documento legal formal que requiere de una respuesta. Si desea reunirse con nosotros con respecto a esta carta, estamos disponibles y podemos tener un intérprete en español presente en la reunión. Para obtener información adicional en Español, por favor póngase en contacto con Héctor Hernández al 805-542-4641.

ENFORCEMENT PROGRAM: OFFER TO PARTICIPATE IN EXPEDITED PAYMENT PROGRAM FOR FAILURE TO SUBMIT 2012-13 AND 2013-14 ANNUAL REPORTS FOR THE INDUSTRIAL STORM WATER GENERAL PERMIT, NPDES NO. CAS000001, STATE WATER RESOURCES CONTROL BOARD ORDER NO. 97-03-DWQ.

Facility Name: Sammy's Auto Dismantling
Facility County: San Luis Obispo
WDID No. 3 40I023651

Dear Mr. Lopez:

This letter is to notify Samuel Lopez (hereinafter "Permittee" or "you") that you are alleged to have violated the State Water Resources Control Board's General Permit for Storm Water Discharges Associated with Industrial Activities (hereinafter "General Permit"), the California Water Code, and the Federal Clean Water Act for the failure to submit the 2012-13 and 2013-14 Annual Reports by July 1, 2013, and July 1, 2014, respectively.

You are receiving this letter because we have not received the annual reports to date for each year and we sent you two courtesy reminders that the annual reports were past due and subject to enforcement.

This letter includes an offer to participate in the Central Coast Regional Water Quality Control Board's (Central Coast Water Board) Expedited Payment Program. The Expedited Payment Program addresses mandatory minimum penalties that must be assessed pursuant to Water Code section 13399.33 as described in further detail below.

NOTICE OF VIOLATION

The Permittee has violated section B.14 of the General Permit by failing to submit its 2012-13 and 2013-14 Annual Reports by July 1, 2013, and July 1, 2014, respectively, to the Central Coast Water Board. The Permittee will have the opportunity to address the alleged violations as discussed below.

STATUTORY LIABILITY

The General Permit violations described above subject the Permittee to a minimum mandatory penalty of one thousand dollars ($1,000) plus associated costs incurred by Central Coast Water Board staff to research and process the violations for each past due report in accordance with Water Code section 13399.33. In addition, pursuant to Water Code sections 13385(a)(2) and 13385(c)(1), the Permittee is also subject to discretionary administrative civil liability of up to $10,000 for each day in which each violation occurs (i.e., each day the Permittee fails to submit an annual report after July 1 of each year). This discretionary administrative civil liability may be assessed by the Central Coast Water Board, beginning with the date that the violations first occurred. Alternatively, the Central Coast Water Board may refer the violations to the Office of the Attorney General for prosecution and seek up to $25,000 per violation per day pursuant to Water Code section 13385(b)(1).

OFFER TO PARTICIPATE IN EXPEDITED PAYMENT PROGRAM

The Permittee can avoid the issuance of a formal Administrative Civil Liability Complaint and settle the alleged violations by participating in the Central Coast Water Board's Expedited Payment Program. Water Code section 13399.33(c) requires that the Central Coast Water Board impose a minimum penalty of $1,000 for the failure to submit an annual report in accordance with Water Code section 13399.31. Water Code section 13399.33(d) requires that the Central Coast Water Board recover from you the costs incurred by Central Coast Water Board staff in enforcing the violation alleged herein.

To promote resolution of the alleged violations discussed above, the Central Coast Water Board enforcement staff proposes to settle the alleged violations for the following amount: **Two thousand six hundred and sixty dollars ($2,660)** (Expedited Payment Amount). This Expedited Payment Amount is based on the statutory mandatory minimum penalty of one thousand dollars ($1,000) for each past due report and the statutory requirement to recover the costs of enforcement ($660).

The Permittee may accept this offer, waive the Permittee's right to a hearing, and pay the Expedited Payment Amount. If the Permittee elects to do so, subject to the conditions below and in the enclosed "Acceptance of Conditional Resolution and Waiver of Right to Hearing" (Acceptance and Waiver), the Central Coast Water Board will accept the payment in settlement of any enforcement action that would otherwise arise out of the alleged violations identified in this offer. Accordingly, the Central Coast Water Board enforcement staff will forego issuance of a formal Administrative Civil Liability Complaint, will not refer the violations to the Attorney General, and will waive its right to seek additional discretionary civil liabilities for the violations listed in this offer. In the past the Central Coast Water Board has assessed penalties that ranged from $3,000 to $20,000 when cases for failure to submit annual reports progressed to a more formal complaint (e.g., formal Administrative Civil Liability Complaint).

This Expedited Payment Program does not address liability for any violation that is not specifically identified in this offer.

NO DISCHARGE CLAIM

Based on a January 21, 2015 phone conversation, Central Coast Water Board staff understand that you claim you have no storm water discharges at your facility. In order for your claim to be

accepted, you must contest the violations as described below in Choice B, and meet the following requirements:

- Demonstrate that the facility is engineered and constructed to contain the maximum historic precipitation event (or series of events) using the precipitation data collected from the National Oceanic and Atmospheric Agency's website (or other nearby precipitation data available from other government agencies) so that there will be no discharge of industrial storm water to waters of the United States; or
- Demonstrate that the facility is located in basins or other physical locations that are not hydrologically connected to waters of the United States; and
- Submit a No Discharge Technical Report signed by a California licensed professional engineer that demonstrates the facility meets the requirements described above.

PERMITTEE'S OPTIONS FOR RESPONSE TO THIS EXPEDITED PAYMENT PROGRAM OFFER:

Choice A – ACCEPT THE OFFER

If the Permittee accepts this offer, submit your annual reports and return the Acceptance and Waiver with your signature by **March 20, 2015**, to:

Jill North
Central Coast Water Board
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401

The Annual Report forms can be found at the following web address: http://www.waterboards.ca.gov/water_issues/programs/stormwater/annualreport.shtml and are enclosed for your convenience. Even if the Permittee has no data or only partial data, an Annual Report form must be filled out and certified indicating that there is no data, or by providing whatever data is available. At the web address, you will be asked to insert the last 7 digits of your WDID Number (I023651). You will need to note that the first letter of the 7 digits is the letter "I".

Further, the Permittee must also submit the **$2,660** Expedited Payment Amount made payable to the "*Waste Discharge Permit Fund*" in accordance with an invoice that will be sent for the payment. The invoice will specify the payment due date, which will be within approximately 60 days from the day on which the Permittee's Acceptance and Waiver is received. Failure to pay the Expedited Payment Amount within the required time period may subject the Permittee to further liability. Note that signing the Acceptance and Waiver will also make this notice and offer a part of the Central Coast Water Board files and available to the public.

Choice B – CONTEST THE ALLEGED VIOLATIONS

If the Permittee wishes to contest the annual reporting violation, the challenge must be received by **March 20, 2015**. Please identify, in writing to the address above, the basis for the Permittee's challenge (factual error, affirmative defense, etc.). Central Coast Water Board staff will evaluate the basis for the challenge and take one of two actions:

1. Central Coast Water Board staff will determine that the alleged annual reporting violations are not supported based on your submittal. Therefore, Central Coast Water Board staff will not take further action against the Permittee for those violations, and the Permittee will be notified of that determination.

2. Central Coast Water Board staff will determine that the contested violations are valid, notify the Permittee, and provide 30 days for the Permittee to submit the Expedited Payment Amount for the violation. If the Permittee chooses not to make a payment in response to the determination, the Permittee should expect to be contacted regarding formal enforcement action that will be pursued and the Permittee will receive notice of any deadlines associated with that action. In a formal enforcement action, the liability amount sought and/or imposed may significantly exceed the liability amount set forth in this offer. Moreover, the cost of enforcement is a factor that can be considered in assessing the liability amount.

Choice C – REJECT OFFER

If the Permittee chooses to reject the Central Coast Water Board enforcement staff's offer and/or does not complete and return the Acceptance and Waiver by March 20, 2015, the Permittee should expect that Central Coast Water Board enforcement staff will pursue a formal enforcement action and the Permittee will receive notice of any deadlines associated with that action. As previously stated, in such an action, the liability amount sought and/or imposed may significantly exceed the liability amount set forth in this offer.

CONDITIONS FOR WATER BOARD ACCEPTANCE OF RESOLUTION

Should the Permittee participate in the Expedited Payment Program, Central Coast Water Board enforcement staff will publish the acceptance of the proposed settlement in accordance with federal regulations, which entails providing at least 30 days for public comment on any settlements addressing National Pollutant Discharge Elimination System permit violations (40 C.F.R. section 123.27(d)(2)(iii)).

If no comments are received within the 30-day notice period, the Central Coast Water Board's Executive Officer may act to formally endorse the Acceptance and Waiver as a stipulated order assessing the uncontested penalty amount pursuant to California Government Code section 11415.60.

If, however, significant comments are received in opposition to the settlement, this offer may be withdrawn. In that case, the Permittee's waiver pursuant to the Acceptance and Waiver will also be treated as withdrawn. The unresolved violations will be addressed in a liability assessment proceeding. At the liability assessment hearing, the Permittee may make arguments as to any of the alleged violations. For such a liability hearing, the Permittee understands that this offer, and the Acceptance and Waiver endorsed by the Permittee, shall be treated as confidential settlement communications, and neither party shall use them as evidence in that hearing.

In the event the Acceptance and Waiver is executed by the Executive Officer, payment of the assessed amount shall be due and payable within 30 days and as specified in the letter and/or invoice that will accompany the Permittee's receipt of the Executive Officer's signed stipulated order. Failure to pay the penalty within the required time period may subject the Permittee to further liability.

Any questions about this offer and/or the Acceptance and Waiver, should be directed to Jill North at (805) 542-4762 or by email at jill.north@waterboards.ca.gov. Questions regarding the annual reports should be directed to Tamara Anderson at (805) 549-3334 or by email at tamara.anderson@waterboards.ca.gov. For a Spanish speaker you may contact Hector Hernandez at (805) 542-4641 or hector.hernandez@waterboards.ca.gov.

Sincerely,

Michael Thomas

Digitally signed by Michael Thomas
DN: cn=Michael Thomas, o=Central Coast Water Quality Control Board, ou, email=Michael.Thomas@Waterboards.ca.gov, c=US
Date: 2015.02.18 14:32:47 -08'00'

Michael Thomas
Assistant Executive Officer

Enclosures:
Acceptance of Conditional Resolution and Waiver of Right to Hearing
2012/2013 Annual Report
2013/2014 Annual Report

cc via email:
Naomi Kaplowitz, Office of Enforcement
Todd Stanley, Central Coast Water Board
Tamara Anderson, Central Coast Water Board
Hector Hernandez, Central Coast Water Board

ECM# SM-817211
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ACCEPTANCE OF CONDITIONAL RESOLUTION AND WAIVER OF RIGHT TO HEARING;

SETTLEMENT AGREEMENT AND STIPULATION FOR ENTRY OF ADMINISTRATIVE CIVIL LIABILITY ORDER NO. R3-2015-0005 (UPON EXECUTION)

Facility: Sammy's Auto Dismantling
WDID No. 3 40I023651
EPL No. R3-2015-0005

By signing below and returning this Acceptance of Conditional Resolution and Waiver of Right to Hearing (Acceptance and Waiver) to the Central Coast Regional Water Quality Control Board (Central Coast Water Board), Samuel Lopez (Permittee) hereby accepts the "Offer to Participate in Expedited Payment Program" and waives the right to a hearing before the Central Coast Water Board to dispute the alleged violations described in the offer attached hereto and incorporated herein by reference.

The Permittee agrees that the offer shall serve as a complaint pursuant to Article 2.5 of the Water Code and that no separate complaint is required for the Central Coast Water Board to assert jurisdiction over the alleged violations through its Enforcement Staff. The Permittee agrees to pay the minimum penalties mandated (Expedited Payment Amount) by California Water Code section 13399.33, as specified in the offer, which shall be deemed payment in full of any civil liability pursuant to the Water Code that otherwise might be assessed for the violations. Permittee agrees to perform the following:

- Submit a 2012-13 and 2013-14 Annual Report by **March 20, 2015**
  and
- Pay the Expedited Payment Amount of **$2,660**.

The Permittee understands that after this Acceptance and Waiver is executed by the Executive Officer of the Central Coast Water Board, full payment of the Expedited Payment Amount is a condition of this Acceptance and Waiver. The Permittee shall pay the Expedited Payment Amount by check payable to the "*Waste Discharge Permit Fund*," with the above EPL number and WDID Permit number noted on the check. The Permittee shall submit the payment to:

State Water Resources Control Board
Accounting Office
ATTN: ACL Payment
PO Box 1888
Sacramento, California 95812-1888

Central Coast Water Board staff will notify Permittee of specific due dates for all payments, which must be made within 30 days of execution of the Acceptance and Waiver by the Executive Officer.

The Permittee understands that this Acceptance and Waiver does not address or resolve liability for any violation that is not specifically identified in the offer's "Notice of Violation" section.

Upon execution by the Permittee, this Acceptance and Waiver shall be returned to:

Jill North
Central Coast Water Board
895 Aerovista Place, Suite 101
San Luis Obispo, CA 93401

The Permittee understands that federal regulations set forth in Title 40, Code of Federal Regulations, section 123.27(d)(2)(iii) require the Central Coast Water Board to publish notice of and provide at least 30 days for public comment on any proposed resolution of this enforcement action. Accordingly, this Acceptance and Waiver, prior to execution by the Executive Officer of the Central Coast Water Board, will be published as required by law for public comment.

If no comments are received within the notice period that causes the Executive Officer to reconsider the Expedited Payment Amount, the Executive Officer will execute the Acceptance and Waiver.

The Permittee understands that if significant comments are received in opposition to the Expedited Payment Amount, the Central Coast Water Board Enforcement staff's offer to resolve the violations set forth in the offer may be withdrawn. In that circumstance, the Permittee will be advised of the withdrawal and an administrative civil liability complaint may be issued and the matter may be set for a hearing before the Central Coast Water Board. For such a liability hearing, the Permittee understands that this Acceptance and Waiver executed by the Permittee will be treated as a settlement communication and will not be used as evidence in that hearing.

The Permittee understands that once this Acceptance and Waiver is executed by the Executive Officer of the Central Coast Water Board, full payment within 30 days is a condition of this Acceptance and Waiver.

I hereby affirm that I am duly authorized to act on behalf of and to bind the Permittee in the making and giving of this Acceptance and Waiver.

By: _____ _____
(Signed Name) (Date)

_____
(Printed or typed name)

_____
(Title)

IT IS SO ORDERED PURSUANT TO WATER CODE SECTION 13399.33

Date: _____

By: _____
Kenneth A. Harris Jr.
Executive Officer
Central Coast Regional Water Quality Control Board

ECM# SM-817211
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State of California
STATE WATER RESOURCES CONTROL BOARD

2012-2013

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2012 through June 30, 2013

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at http://www.swrcb.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: _____

Facility Business Name: _____ Contact Person: _____

Physical Address: _____ e-mail: _____

City: _____ **CA** Zip: _____ Phone: _____

Standard Industrial Classification (SIC) Code(s): _____

B. Facility Operator Information:

Operator Name: _____ Contact Person: _____

Mailing Address: _____ e-mail: _____

City: _____ State: ___ Zip: _____ Phone: _____

C. Facility Billing Information:

Operator Name: _____ Contact Person: _____

Mailing Address: _____ e-mail: _____

City: _____ State: ___ Zip: _____ Phone: _____

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

   ☐ **YES** Go to Item D.2 ☐ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

   i. ☐ Participating in an Approved Group Monitoring Plan **Group Name:** _____

   _____

   ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: _____

   Re-evaluation Date: _____

   Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

   iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: _____

   Re-evaluation Date: _____

   Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

   iv. ☐ Received Regional Board Certification Certification Date: _____

   v. ☐ Received Local Agency Certification Cetification Date: _____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   ☐ **YES** Go to Section E ☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? _____ If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   ☐ **YES** ☐ **NO, attach explanation** **(Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)**

3. How many storm water discharge locations are at your facility? _____

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? ☐ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated _____

6. Were all samples collected during the first hour of discharge? ☐ YES ☐ NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☐ NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) ☐ YES ☐ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☐ YES ☐ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

    _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

    _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

    _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**
Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☐ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers**. Indicate "N/A" for quarters without any authorized non-storm water discharges.

July -September ☐ **YES** ☐ **NO** ☐ **N/A** October-December ☐ **YES** ☐ **NO** ☐ **N/A**

January-March ☐ **YES** ☐ **NO** ☐ **N/A** April-June ☐ **YES** ☐ **NO** ☐ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information.

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**
Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers**.

July -September ☐ **YES** ☐ **NO** October-December ☐ **YES** ☐ **NO**

January-March ☐ **YES** ☐ **NO** April-June ☐ **YES** ☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☐ **NO** Go to item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information.

i. name of each unauthorized non-storm water discharge.
ii. date and time of observation.
iii. source and location of each unauthorized non-storm water discharge.
iv. characteristics of the discharge at its source and impacted drainage area/discharge location.
v. name, title, and signature of observer.
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers**. Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	☐	☐	February	☐	☐
November	☐	☐	March	☐	☐
December	☐	☐	April	☐	☐
January	☐	☐	May	☐	☐

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☐ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occured during the last year.
   - outdoor wash and rinse areas.
   - process/manufacturing areas.
   - loading, unloading, and transfer areas.
   - waste storage/disposal areas.
   - dust/particulate generating areas.
   - erosion areas.
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☐ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: ☐ YES ☐ NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? ☐ YES ☐ NO

   The following records should be reviewed:

   - quarterly authorized non-storm water discharge visual observations
   - monthly storm water discharge visual observation
   - records of spills/leaks and associated clean-up/response activities
   - quarterly unauthorized non-storm water discharge visual observations
   - Sampling and Analysis records
   - preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? ☐ YES ☐ NO

   The following SWPPP items should be reviewed:

   - pollution prevention team
   - list of significant materials
   - description of potential pollutant sources
   - assessment of potential pollutant sources
   - identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? ☐ YES ☐ NO

   The following BMP categories should be reviewed:

   - good housekeeping practices
   - spill response
   - employee training
   - erosion control
   - quality assurance
   - preventative maintenance
   - material handling and storage practices
   - waste handling/storage
   - structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? ☐ YES ☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? ☐ YES ☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☐ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☐ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☐ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☐ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: _____

Signature: _____ Date: _____

Title: _____

DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www.swrcb.ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.shtml

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S):_____ **TITLE:** _____ **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
TEST REPORTING UNITS:			**pH Units**	**mg/l**	**umho/cm**	**mg/l**	**mg/l**					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S):_____ **TITLE:** _____ **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	**DATE/TIME OF SAMPLE COLLECTION**	**TIME DISCHARGE STARTED**	**ANALYTICAL RESULTS For First Storm Event**									
			BASIC PARAMETERS					**OTHER PARAMETERS**				
			pH	TSS	SC	O&G	TOC					
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
TEST REPORTING UNITS:			**pH Units**	**mg/l**	**umho/cm**	**mg/l**	**mg/l**					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

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ANNUAL REPORT

SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ _____ ☐ AM ☐ PM					
_____ _____ ☐ AM ☐ PM					
_____ _____ ☐ AM ☐ PM					
_____ _____ ☐ AM ☐ PM					
_____ _____ ☐ AM ☐ PM					

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ANNUAL REPORT

SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** ☐ AM _____ __ __ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☐ AM _____ __ __ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☐ AM _____ __ __ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☐ AM _____ __ __ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.

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ANNUAL REPORT

SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	**NAME OF UNAUTHORIZED NSWD** EXAMPLE: Vehicle Wash Water	**SOURCE AND LOCATION OF UNAUTHORIZED NSWD** EXAMPLE: NW Corner of Parking Lot	**DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS** Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		**DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.**
			AT THE UNAUTHORIZED NSWD SOURCE	**AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION**	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

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ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October ____ 2012 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November____ 2012 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December_____ 2012 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	**DRAINAGE AREA DESCRIPTION** EXAMPLE: Discharge from material storage Area #2	**DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS** Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	**IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS** EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	**DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION**
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				

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ANNUAL REPORT

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February ____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March ____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April ____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	**DRAINAGE AREA DESCRIPTION** EXAMPLE: Discharge from material storage Area #2	**DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS** Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	**IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS** EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	**DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION**
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				

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ANNUAL REPORT

SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ____________ **INSPECTOR NAME:** ____________________________ **TITLE:** ____________________________ **SIGNATURE:** ______________________________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

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ANNUAL REPORT

SIDE B

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ___________ **INSPECTOR NAME:** ____________________________ **TITLE:** _____________________________ **SIGNATURE:**______________________________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation

State of California
STATE WATER RESOURCES CONTROL BOARD

2013-2014

ANNUAL REPORT

FOR
STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2013 through June 30, 2014

An annual report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers and e-mail addresses of the Regional Board contacts, as well as the Regional Board office addresses can be found at http://www.swrcb.ca.gov/stormwtr/contact.html. To find your Regional Board information, match the first digit of your WDID number with the corresponding number that appears in parenthesis on the first line of each Regional Board office.

GENERAL INFORMATION:

A. Facility Information:

Facility WDID No: _____

Facility Business Name: _____ Contact Person: _____

Physical Address: _____ e-mail: _____

City: _____ **CA** Zip: _____ Phone: _____

Standard Industrial Classification (SIC) Code(s): _____

B. Facility Operator Information:

Operator Name: _____ Contact Person: _____

Mailing Address: _____ e-mail: _____

City: _____ State: ___ Zip: _____ Phone: _____

C. Facility Billing Information:

Operator Name: _____ Contact Person: _____

Mailing Address: _____ e-mail: _____

City: _____ State: ___ Zip: _____ Phone: _____

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

   ☐ **YES** Go to Item D.2 ☐ **NO** Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

   i. ☐ Participating in an Approved Group Monitoring Plan **Group Name:** _____

   _____

   ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: _____

   Re-evaluation Date: _____

   Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

   iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: _____

   Re-evaluation Date: _____

   Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

   iv. ☐ Received Regional Board Certification Certification Date: _____

   v. ☐ Received Local Agency Certification Cetification Date: _____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

   ☐ **YES** Go to Section E ☐ **NO** Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? _____ If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

   ☐ **YES** ☐ **NO, attach explanation** **(Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)**

3. How many storm water discharge locations are at your facility? _____

4. For each storm event sampled, did you collect and analyze a sample from each of the facility's storm water discharge locations? ☐ YES, go to Item E.6 ☐ NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? ☐ YES ☐ NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated _____

6. Were all samples collected during the first hour of discharge? ☐ YES ☐ NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? ☐ YES ☐ NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) ☐ YES ☐ NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked item D.2.i or iii. above) ☐ YES ☐ NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? ☐ YES ☐ NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? ☐ YES ☐ NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the following reasons:

    _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

    _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

    _____ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**
Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ **YES** ☐ **NO** Go to Item F.2

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers**. Indicate "N/A" for quarters without any authorized non-storm water discharges.

July -September ☐ **YES** ☐ **NO** ☐ **N/A** October-December ☐ **YES** ☐ **NO** ☐ **N/A**

January-March ☐ **YES** ☐ **NO** ☐ **N/A** April-June ☐ **YES** ☐ **NO** ☐ **N/A**

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information.

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. **any** new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**
Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers**.

July -September ☐ **YES** ☐ **NO** October-December ☐ **YES** ☐ **NO**

January-March ☐ **YES** ☐ **NO** April-June ☐ **YES** ☐ **NO**

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☐ **YES** ☐ **NO** Go to item F.2.d

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☐ **YES** ☐ **NO** **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information.

i. name of each unauthorized non-storm water discharge.
ii. date and time of observation.
iii. source and location of each unauthorized non-storm water discharge.
iv. characteristics of the discharge at its source and impacted drainage area/discharge location.
v. name, title, and signature of observer.
vi. **any** corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers**. Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	☐	☐	February	☐	☐
November	☐	☐	March	☐	☐
December	☐	☐	April	☐	☐
January	☐	☐	May	☐	☐

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. **any** new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. Provide new or revised BMP implementation date.

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? ☐ YES ☐ NO
   The following areas should be inspected:

   - areas where spills and leaks have occured during the last year.
   - outdoor wash and rinse areas.
   - process/manufacturing areas.
   - loading, unloading, and transfer areas.
   - waste storage/disposal areas.
   - dust/particulate generating areas.
   - erosion areas.
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? ☐ YES ☐ NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: ☐ YES ☐ NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? ☐ YES ☐ NO

   The following records should be reviewed:

   - quarterly authorized non-storm water discharge visual observations
   - monthly storm water discharge visual observation
   - records of spills/leaks and associated clean-up/response activities
   - quarterly unauthorized non-storm water discharge visual observations
   - Sampling and Analysis records
   - preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? ☐ YES ☐ NO

   The following SWPPP items should be reviewed:

   - pollution prevention team
   - list of significant materials
   - description of potential pollutant sources
   - assessment of potential pollutant sources
   - identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? ☐ YES ☐ NO

   The following BMP categories should be reviewed:

   - good housekeeping practices
   - spill response
   - employee training
   - erosion control
   - quality assurance
   - preventative maintenance
   - material handling and storage practices
   - waste handling/storage
   - structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? ☐ YES ☐ NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? ☐ YES ☐ NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☐ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☐ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☐ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☐ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: _____

Signature: _____ Date: _____

Title: _____

DESCRIPTION OF BASIC ANALYTICAL PARAMETERS

The Industrial Activities Storm Water General Permit (General Permit) requires you to analyze storm water samples for at least four parameters. These are pH, Total Suspended Solids (TSS), Specific Conductance (SC),and Total Organic Carbon (TOC). Oil and Grease (O&G) may be substituted for TOC. In addition, you must monitor for any other pollutants which you believe to be present in your storm water discharge as a result of industrial activity and analytical parameters listed in Table D of the General Permit. There are no numeric limitations for the parameters you test for.

The four parameters which the General Permit requires to be tested are considered *indicator* parameters. In other words, regardless of what type of facility you operate, these parameters are nonspecific and general enough to usually provide some indication whether pollutants are present in your storm water discharge. The following briefly explains what each of these parameters mean:

pH is a numeric measure of the hydrogen-ion concentration. The neutral, or acceptable, range is within 6.5 to 8.5. At values less than 6.5, the water is considered acidic; above 8.5 it is considered alkaline or basic. An example of an acidic substance is vinegar, and a alkaline or basic substance is liquid antacid. Pure rainfall tends to have a pH of a little less than 7. There may be sources of materials or industrial activities which could increase or decrease the pH of your storm water discharge. If the pH levels of your storm water discharge are high or low, you should conduct a thorough evaluation of all potential pollutant sources at your site.

Total Suspended Solids (TSS) is a measure of the undissolved solids that are present in your storm water discharge. Sources of TSS include sediment from erosion of exposed land, and dirt from impervious (i.e. paved) areas. Sediment by itself can be very toxic to aquatic life because it covers feeding and breeding grounds, and can smother organisms living on the bottom of a water body. Toxic chemicals and other pollutants also adhere to sediment particles. This provides a medium by which toxic or other pollutants end up in our water ways and ultimately in human and aquatic life. TSS levels vary in runoff from undisturbed land. It has been shown that TSS levels increase significantly due to land development.

Specific Conductance (SC) is a numerical expression of the ability of the water to carry an electric current. SC can be used to assess the degree of mineralization, salinity, or estimate the total dissolved solids concentration of a water sample. Because of air pollution, most rain water has a SC a little above zero. A high SC could affect the usability of waters for drinking, irrigation, and other commercial or industrial use.

Total Organic Carbon (TOC) is a measure of the total organic matter present in water. (All organic matter contains carbon) This test is sensitive and able to detect small concentrations of organic matter. Organic matter is naturally occurring in animals, plants, and man. Organic matter may also be man made (so called synthetic organics). Synthetic organics include pesticides, fuels, solvents, and paints. Natural organic matter utilizes the oxygen in a receiving water to biodegrade. Too much organic matter could place a significant oxygen demand on the water, and possibly impact its quality. Synthetic organics either do not biodegrade or biodegrade very slowly. Synthetic organics are a source of toxic chemicals that can have adverse affects at very low concentrations. Some of these chemicals bioaccumulate in aquatic life. If your levels of TOC are high, you should evaluate all sources of natural or synthetic organics you may use at your site.

Oil and Grease (O&G) is a measure of the amount of oil and grease present in your storm water discharge. At very low concentrations, O&G can cause a sheen (that floating "rainbow") on the surface of water (1 qt. of oil can pollute 250,000 gallons of water). O&G can adversely affect aquatic life and create unsightly floating material and film on water, thus making it undrinkable. Sources of O&G include maintenance shops, vehicles, machines and roadways.

If you have any questions regarding whether or not your constituent concentrations are too high, please contact your local Regional Board office. The United States Environmental Protection Agency (USEPA) has published stormwater discharge benchmarks for a number of parameters. These benchmarks may be helpful when evaluating whether additional BMPs are appropriate. These benchmarks can be accessed at our website at http://www.swrcb.ca.gov. It is contained in the Sampling and Analysis Reduction Certification.

See Storm Water Contacts at

http://www.waterboards.ca.gov/water_issues/programs/stormwater/contact.shtml

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SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S):_____ **TITLE:** _____ **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
TEST REPORTING UNITS:			**pH Units**	**mg/l**	**umho/cm**	**mg/l**	**mg/l**					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S):_____ **TITLE:** _____ **SIGNATURE:** _____

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				
			pH	TSS	SC	O&G	TOC					
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
	_____ ☐ AM _____ ☐ PM	☐ AM _____ ☐ PM										
TEST REPORTING UNITS:			**pH Units**	**mg/l**	**umho/cm**	**mg/l**	**mg/l**					
TEST METHOD DETECTION LIMIT:												
TEST METHOD USED:												
ANALYZED BY (SELF/LAB):												

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: _____	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ **YES** ☐ **NO** If **YES**, complete reverse side of this form.

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
_____ _____ ☐ AM ☐ PM					
_____ _____ ☐ AM ☐ PM					
_____ _____ ☐ AM ☐ PM					
_____ _____ ☐ AM ☐ PM					
_____ _____ ☐ AM ☐ PM					

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SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** **DATE/TIME OF OBSERVATIONS** ☐ AM _____ __ __ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **OCT.-DEC.** **DATE/TIME OF OBSERVATIONS** ☐ AM _____ __ __ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **JAN.-MARCH** **DATE/TIME OF OBSERVATIONS** ☐ AM _____ __ __ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.
QUARTER: **APRIL-JUNE** **DATE/TIME OF OBSERVATIONS** ☐ AM _____ __ __ ☐ PM	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE UNAUTHORIZED NSWDs OBSERVED?** ☐ **YES** ☐ **NO** **WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs?** ☐ **YES** ☐ **NO**	If **YES** to either question, complete reverse side.

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	**NAME OF UNAUTHORIZED NSWD** EXAMPLE: Vehicle Wash Water	**SOURCE AND LOCATION OF UNAUTHORIZED NSWD** EXAMPLE: NW Corner of Parking Lot	**DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS** Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		**DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.**
			AT THE UNAUTHORIZED NSWD SOURCE	**AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION**	
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					
_____ ____ ☐ AM ☐ PM					

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FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October ____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: November____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December____ 2013 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: January____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	**DRAINAGE AREA DESCRIPTION** EXAMPLE: Discharge from material storage Area #2	**DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS** Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	**IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS** EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	**DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION**
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: March ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: April ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May ____ 2014 Observers Name: _____ Title: _____ Signature: _____	Drainage Location Description	#1	#2	#3	#4
	Observation Time	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	**DRAINAGE AREA DESCRIPTION** EXAMPLE: Discharge from material storage Area #2	**DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS** Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	**IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS** EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	**DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION**
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				
_____ _____ ☐ AM ☐ PM				

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SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ____________ **INSPECTOR NAME:** ____________________________ **TITLE:** _____________________________ **SIGNATURE:** ______________________________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	**HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED?** ☐ **YES** ☐ **NO** **ARE ADDITIONAL/REVISED BMPs NECESSARY?** ☐ **YES** ☐ **NO**	If yes, to either question, complete the next two columns of this form	**Describe deficiencies in BMPs or BMP implementation**	**Describe additional/revised BMPs or corrective actions and their date(s) of implementation**

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SIDE B

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: ___________ **INSPECTOR NAME:** ______________________________ **TITLE:** ______________________________ **SIGNATURE:** ______________________________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation